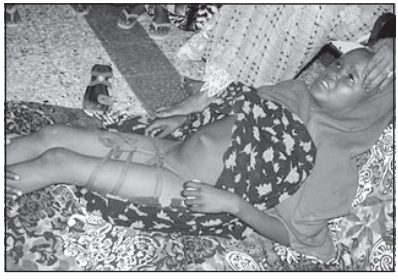
35

Female Genital Mutilation

Female Genital Mutilation (FGM) is the partial or total removal of the female external genitalia, including the clitoris, labia, mons pubis (the fatty tissue over the pubic bone) and the urethral and vaginal openings.



Dictates of tradition

The practice of Female Genital Mutilation is often called 'female circumcision', implying that it is similar to male circumcision. However, it is different from GRS and is usually done as a religious practice.

Compared to male circumcision which only involves the removal of penile foreskin (prepuce), the degree of cutting is much more extensive, often impairing a woman's reproductive and sexual functions and in some cases, causing grievous threat to their lives.

A barbaric practice?

FGM Facts

- FGM is practiced in at least 26 of 43 African countries; the prevalence varies from 56% in Somalia to 4% in Zaire.
- FGM is also practiced among some ethnic groups in Oman, the United Arab Emirates and Yemen, as well as in parts of India, Pakistan, Indonesia and Malaysia.
- Until the 1950s, FGM was performed in England and the United States amongst immigrants as a common "treatment" for lesbianism, masturbation, hysteria, epilepsy and other so-called "female deviances".
- Most girls undergo FGM when they are between 4 and 8 years old. However, Female Genital Mutilation seems to be occurring at earlier ages in several countries because parents want to reduce the trauma to their children. They also want to avoid government interference and/or resistance from children as they get older and form their own opinions.
- Some women undergo FGM during early adulthood when marrying into a community that practices FGM or just before or after the birth of a first child (Mali and Nigeria).
- FGM has become an important issue in Australia, Canada, England, France and the United States due to the continuation of the practice by immigrants from countries where FGM is common.

Types of FGM

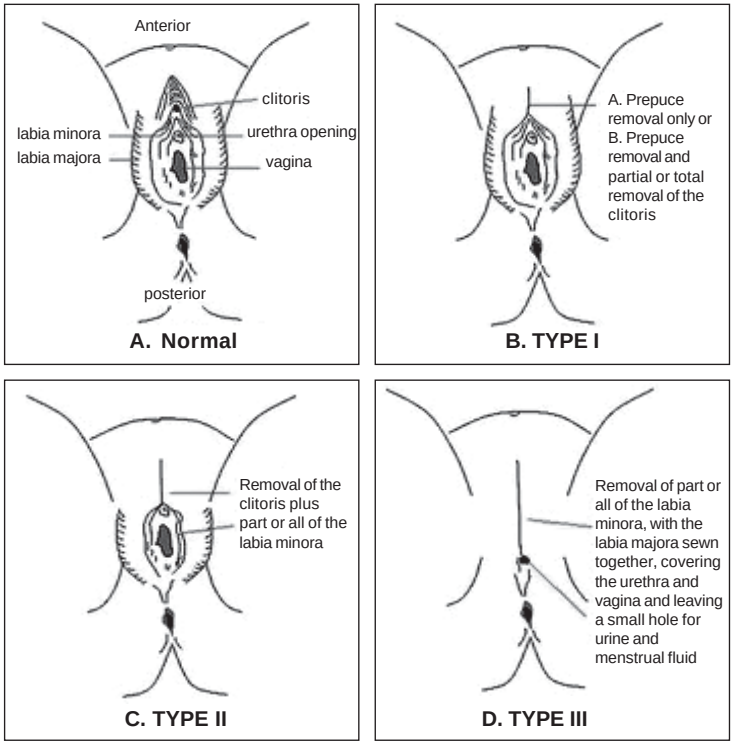
The World Health Organisation (WHO) classified FGM operations into four broad categories in 1995:

Type I - Sunna Circumcision

It consists of the removal of the prepuce(retractable fold of skin or hood) and /or the tip of the clitoris. Sunna in Arabic means 'tradition'.

Type II - Clitoridectomy

It consists of the removal of the entire clitoris (prepuce and glans) and the removal of the adjacent labia.



Type III – Infibulation (pharonic circumcision)

It consists of performing a clitoridectomy (removal of all or part of the labia minora, the labia majora). This is then stitched up allowing a small hole to remain open to allow for urine or menstrual blood to flow through.

Type IV – Other surgeries (unclassified)

All other operations on the female genitalia, including:

- Pricking, piercing, stretching or incision of the clitoris and/or labia,
- Cauterisation by burning the clitoris and surrounding tissues,
- Incisions to the vaginal wall,
- Scraping or cutting of the vagina and surrounding tissues, and
- Introduction of corrosive substances or herbs into the vagina.

FGM Procedure

Most times this procedure is done without the care of medically trained people, due to poverty and lack of medical facilities. The use of anesthesia is rare. The girl is held down by older women to prevent her from moving around. The instruments used by the mid-wife will vary and could include any of the following items; broken glass, a tin lid, razor blades, knives, scissors or any other sharp object. These items usually are not sterilised before usage. Once the genital area for removal is gone, the child is stitched up and her legs are bound for up to 40 days.

Female circumcision removes the labia majora, the clitoris and parts of the labia minora. The opening to the vagina is sewn shut, leaving a small opening for menstruation. Urination is from a different opening and is unaffected, since the vagina and urethra are separate openings. This procedure can cause various side effects on the girls which can include death. The highest maternal and infant mortality rates are in FGM-

practicing regions. In areas where antibiotics are not available, it is estimated that one-third of the girls undergoing FGM are likely to die.

Immediate Physical Problems following FGM

About 48.5% of women experienced hemorrhage, 23.9% infection and 19.4% urine retention at the time of the FGM operation.

- Intense pain and/or hemorrhage that can lead to shock during and after the procedure.
- Hemorrhage can also lead to anemia.
- Generally, of 100 girls who had FGM, 1 died and 12 required hospitalisation due to wound infection, including tetanus. Of the 12 hospitalised, 10 suffered from bleeding and 5 from tetanus. Tetanus is fatal in 50 to 60 percent of all cases.
- Damage to adjoining organs from the use of blunt instruments by unskilled people.
- Urine retention from swelling and/or blockage of the urethra, which may need surgical intervention.

FGM-related Long Term Complications

- FGM leads to painful or blocked menses.
- Women who have undergone the operation experience recurrent urinary tract infections.
- FGM causes abscesses, dermoid cysts and keloid scars.
- FGM leads to increased risk of maternal and child morbidity and mortality due to obstructed labour. Women who have undergone FGM are twice as likely to die during childbirth and are more likely to give birth to a stillborn child than other women.

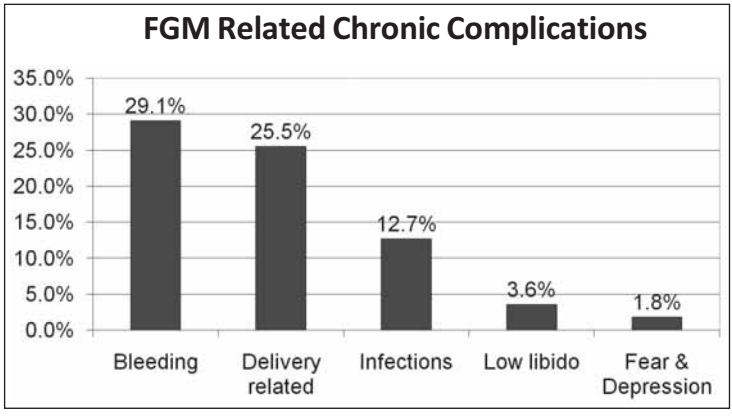
Obstructed labour can also cause brain damage to the infant and complications for the mother (including *fistula formation*, an abnormal opening between the vagina and the bladder or the vagina and the rectum).

- About, 20-25 percent of female infertility has been linked to FGM complications.
- FGM is likely to increase the risk of HIV infection – often the same unsterilised instrument is used on several girls at a time, increasing the chance of spreading HIV or another communicable disease.
- The psychological effects of FGM range from anxiety to severe depression and psychosomatic illnesses. Many children exhibit behavioural changes after FGM, but problems may not be evident until the child reaches adulthood.
- About 83 percent of women who had undergone FGM require medical attention at some point in their lives for a condition resulting from the procedure.
- In order to have sexual intercourse the women have to be opened up in some fashion and in some cases cutting is necessary.

FGM-related Chronic Complications

According to various studies, the chronic health problems were encountered by 49.1% of women who underwent or were forced to undergo FGM.

The most frequent were bleeding (29.1%); delivery complications (25.5%); infections (12.7%); low libido (3.6%) and fear and depression (1.8%).



FGM and Sexuality

Cultural values and ambiguities make women's sexuality very complex. According to reports of women's sexual experiences, physical complications from FGM often impede sexual enjoyment. FGM destroys much or all of the vulval nerve endings, delaying arousal or impairing orgasm. Lacerations, loss of skin elasticity or development of neuroma (a tumour or mass growing from a nerve) can lead to painful intercourse. Many women experienced painful intercourse while some of them reported having difficult or impossible penetration. Fifty percent of women said that they did not enjoy sex at all and only accepted it as a duty.

Reasons for Supporting FGM

- Religious affiliation can affect approval levels: most Protestants opposed FGM while a majority of Catholics and Muslims supported its continuation.
- There is a direct correlation between a woman's attitude towards FGM and her place of residence, educational background and work status. Urban

women are less likely than their rural counterparts to support FGM. Employed women are also less likely to support it. Women with little or no education are more likely to support the practice than those with a secondary or higher education. The majority of women proponents of FGM were those with no education or only primary education.

- Most women who have had the FGM procedure are strongly in favour of FGM for their daughters. Also, most of these women want their daughters to undergo the same type of procedure they had.
- Most women who favour ending the practice also feel they do not have enough information to convince men of the harmful effects of FGM. Men help continue the practice by refusing to marry women who have not had FGM or by allowing or paying for their daughters' procedures. In general, women believe that their husbands' attitudes toward FGM are similar to their own though men may actually be less supportive and more indifferent than women toward this practice.

Reasons for Supporting FGM in Orthodox Communities

FGM is practiced amongst orthodox communities for the following reasons:

- It is a "good tradition".
- Due to religious requirement(s); rite of passage to womanhood.
- Prevent promiscuity among girls; preserve virginity and enhance marriage prospects.
- Prevent excessive clitoral growth.
- Promote cleanliness; and
- Facilitate childbirth by widening the birth canal.

A survey in four countries - Egypt, Mali (West Africa), Central African Republic and Eritrea (East Africa) revealed some startling reasons for the practice of FGM