



**International
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IMAP statement on female genital mutilation

IPPF recognises that all people have a right to enjoy the highest attainable standard of physical and mental health, including freedom from gender-based violence.

One such form of violence is female genital mutilation (FGM), also known as female circumcision. FGM involves partial or total removal of the external female genitalia or other injury to the female genital organs that causes anatomical changes for non-therapeutic reasons.

The practice of FGM

FGM occurs mainly in Africa, parts of the Arab world, and parts of South-East Asia. The World Health Organization (WHO) estimates that, in Africa, over 130 million girls and women living today have undergone some form of FGM. Women who have had the procedure are seen increasingly in Europe, Australia, Canada, and the USA, primarily among immigrants from affected regions. At current rates of population increase, and with slow decline in these procedures, at least 2 million girls are at risk of genital mutilation annually.

FGM is performed on girls between one week old through to adolescence and young womanhood. The motivation for the practice varies from setting to setting and reflects beliefs and cultural mores that include religious, health, and social factors. For example, FGM is believed to maintain cleanliness, increase a girl's chances of marriage, protect her virginity, discourage "female promiscuity," improve fertility, prevent stillbirth.

The WHO has classified FGM as follows:

- *Type I* - excision of the prepuce, with or without excision of part or all of the clitoris
- *Type II* - excision of the clitoris with partial or total excision of the labia minora
- *Type III* - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation).

The WHO also lists several unclassified practices that may fall under the definition of FGM, such as: pricking, piercing, incising, or stretching of the clitoris and/or labia; cauterisation, by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts); and cutting of the vagina (gishiri cuts).

Health consequences

The health consequences of FGM vary according to the type of procedure. The mutilation is often performed under unhygienic conditions, without an anaesthetic, by means of non-surgical instruments such as razor blades, knives, or broken glass. If performed without anaesthesia, FGM is extremely painful. Short-term complications include haemorrhage and infection that can result in fatal septicaemia, tetanus, or gangrene. Long-term consequences include persistent pain, sexual dysfunction, chronic urinary tract infection, incontinence, and infertility. The resultant anatomical abnormalities may complicate childbirth, increasing both maternal and neonatal morbidity and mortality; a surgical procedure may be necessary to open the lower genital tract.

Genital mutilation may impact on a woman's right to enjoy her sexuality to the full. The procedure can have profound negative effects on the psychological and psychosexual development of a girl which, lasting into womanhood, may adversely affect her sexual life.

After counselling of the woman and with her informed consent, health professionals with appropriate training should, whenever possible, try to repair the abnormal anatomical condition caused by FGM.

FGM poses a theoretical risk of increasing HIV transmission in countries where HIV prevalence is high. This risk could arise from the use of contaminated instruments, for FGM procedures or the management of FGM-related obstetric complications, or from genital tract trauma associated with intercourse.

IPPF endorses the 1997 WHO/UNICEF/UNFPA joint statement that FGM should not be practised by health professionals in any setting.

The role of FPAs

At the community and national level, FPAs have an important role to play in the elimination of FGM. FPAs should be aware that some of these practices have deep cultural roots and should gather information on the prevalence and characteristics of FGM in their own countries. Having obtained factual information and with knowledge of the social and cultural background, they should review their current activities.

In addition, FPAs should collaborate with other governmental and non-governmental organisations working on the issue, to identify how they can contribute to stopping the practice through advocacy, information, education, and research.

The IPPF Charter on Sexual and Reproductive Rights should be used as an advocacy tool to lobby for changes in legislation that protect the human rights of women and girls and eliminate all harmful and/or discriminatory practices.

Where appropriate, broader programmes aimed at improving the reproductive health of women should include discussion of FGM and action to stop the practice. FPAs should provide sympathetic care to women and girls who present with any kind of problem

related to FGM, and use every opportunity to counsel women and their partners, and parents of girl children, about the harmful effects of perpetuating this practice.

In countries where FGM is widely practised, FPAs should be equipped to provide counselling and care for the physical and psychological complications of FGM. Where FPAs are unable to provide comprehensive care, they should refer women and girls for specialist care.

Women who have been subjected to FGM and are suffering from chronic complications may require specialist counselling and or surgical treatment.

A pregnant woman whose mutilation may pose serious risks during childbirth should be advised to have her delivery in a clinical setting where possible complications can be properly managed.

Women with psychosexual complications should be recognised and given appropriate counselling. Young women and their partners may require pre-marital counselling.

Statement developed by the International Medical Advisory Panel (IMAP) in November 1991, amended by the Panel in October 2001. IMAP reserves the right to amend this statement in the light of any further information becoming available.

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