

# IMAP Statement

## on the elimination of female genital mutilation

Female genital mutilation has no health benefits, is harmful to the health of women and girls, violates women's human rights and every effort should be made to eradicate the practice.

### Introduction and terminology

This Statement has been prepared by the International Medical Advisory Panel (IMAP) and was approved in June 2015.

Female genital mutilation (FGM) is an umbrella term that includes 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. Female genital mutilation violates a number of well-established human rights principles, norms and standards, including the principles of equality and non-discrimination on the basis of sex, gender, the right to bodily integrity, the right to life (because the procedure can result in death), and the right to the highest attainable standard of physical and mental health. 'Female genital cutting' (FGC) – or 'female genital mutilation/cutting' (FGM/C) – are terms used deliberately by some activists specifically to encourage practising communities to abandon the practice. The term FGM is used in this Statement to emphasize the serious physical, emotional and psychological consequences associated with the procedure.

**To summarize, female genital mutilation has no health benefits, it is harmful to the health of women and girls, it violates women's human rights and every effort should be made to eradicate the practice.**

### Violation of human rights

Female genital mutilation is carried out most commonly on girls between the ages of 0 to 15 years; it is also performed on adult women who are about to be married, who are pregnant with their first child or who have just given birth. Because children are subjected to this procedure, FGM also violates the rights of the child. Many parents and communities exert intense pressure on girls to accept the practice: this means that a child undergoing female genital mutilation is unable to make a voluntary and informed decision that is free from coercion. The Convention on the Rights of the Child makes explicit reference to harmful traditional practices, calling on all countries to take effective and appropriate measures to abolish them.

FGM is a harmful practice that is in direct opposition to IPPF's values that uphold a world in which all women, men and young people have access to the sexual and reproductive health and rights information and services they need; female genital mutilation also challenges a world in which sexuality is recognized both as a natural and precious aspect of life and as a fundamental human right. The Federation will continue to uphold this belief through sustained efforts, in partnership with other stakeholders, to eradicate mutilation.

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## Prevalence and practice

### PREVALENCE

In July 2013, a UNICEF report estimated that more than 125 million girls and women have been subjected to the practice and that, based on present trends, as many as 30 million girls under the age of 15 may still be at risk.<sup>1</sup> Female genital mutilation has been documented predominantly in Africa and a few countries in Asia, such as Indonesia. Women who have had the procedure are increasingly seen in Europe, Australia, Canada and the USA, primarily among immigrants from countries where FGM is practised. Effective advocacy has focused on the risks of the practice and educational campaigns have triggered public debate: this awareness raising has also increased the level of reporting and has led to the recognition of human rights and legislative measures in many countries. This concerted and sustained campaigning has in turn led to a decrease in the number of girls who want the practice to continue: women have been advocating against FGM for a long time and this increased reporting has helped to amplify women's voices and enhance their efforts to mobilize to oppose mutilation. Taken together, this demonstrates the need for a holistic approach to ending the practice that involves legislative change and the shifting of social norms.

Many justifications are given for FGM; the reasons are complex, and vary by country, region and ethnicity, even within communities. It is entrenched in social, economic, cultural and political structures and understood as a social convention that is often accepted without question. Some of the social justifications include the preservation of virginity and ensuring fidelity, as well as a rite of passage to womanhood in some contexts. The practice can therefore be construed as an important part of the cultural identity of girls and women. Religious justifications across Christian, Jewish, Muslim and some indigenous African groups are often invoked for the practice, although none of the Holy Scriptures in any of these religions prescribes female genital mutilation. Understanding these cultural and societal beliefs is a critical element in any work that aims to eliminate the harmful practice.

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### PRACTICE

The World Health Organization classifies female genital mutilation as follows:

- Type I: Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- Type II: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- Type III: Narrowing of the vaginal orifice by creating a covering seal through the cutting and apposition of the labia minora and/or labia majora, with or without excision of the clitoris (infibulation).
- Type IV: Unclassified – all other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incision, cauterization and scraping.

This IMAP Statement refers to FGM that is performed on girls under the age of consent or on women under coercion. In addition, while the norm is for the procedure to be carried out by traditional practitioners, many medical personnel are now performing the intervention in response to raised awareness of the negative health impacts of FGM. This medicalization of FGM is strongly condemned, is illegal in many countries, and health care providers must be dissuaded from performing the procedure.

### Adverse outcomes

All types of female genital mutilation have adverse health consequences. Once removed, genital tissues cannot be replaced, resulting in a life-long physical change irrespective of any other complications. The mutilation is often carried out by a traditional practitioner or a family member, under unhygienic conditions, without anaesthesia, and using non-surgical, unsterilized instruments such as razor blades, knives or broken glass.

Immediate complications include pain and bleeding, during and after the procedure. Swelling and oedema cause acute retention of urine and painful urination, as well as painful or difficult defecation. Healing may take up to eight weeks, depending on the extent of the procedure, and complications may make the healing period much longer.

Long-term or delayed complications can occur at any time in the lifespan of a woman who has undergone mutilation:

- Infections such as perineal abscesses and genital ulcers are common, and may lead to fatal septicaemia, tetanus or gangrene. Recurrent

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pelvic infections can cause chronic pelvic and back pain. FGM increases the risk of urinary tract infections, which can ascend to the bladder and kidneys, and can lead to life-threatening renal failure and septicaemia.<sup>2</sup>

- Female genital mutilation may increase the risk of HIV transmission and other blood-borne infections such as hepatitis B and C. This risk can arise from the use of unsterilized instruments for FGM procedures, the management of FGM-related obstetric complications or from genital tract trauma associated with intercourse.
- Chronic local irritation and inflammation may worsen the scarring and narrowing, resulting in decreased urine flow, retention of urine and also retention of menstrual blood in the vagina (haematocolpos).<sup>3</sup> FGM may also result in urinary incontinence and infertility.<sup>4</sup>
- The resultant anatomical abnormalities cause difficult childbirth and prolonged labour, increasing both maternal and neonatal morbidity and mortality. Women who have undergone any form of female genital mutilation are at significantly higher risk of obstetric complications such as perineal tears, are more likely to require episiotomy and instrumented delivery, and in some cases a surgical procedure may be necessary to open the lower genital tract (defibulation). Complications can make a caesarean section necessary, or induce a post-partum haemorrhage, requiring an extended stay in hospital.<sup>5</sup> Additionally, the babies of mothers affected by FGM types II and III have an increased risk of dying at birth.<sup>6</sup> The World Health Organization estimates the annual cost of FGM-related obstetric complications to the health systems in six African countries to be US\$3.7 million.<sup>7</sup>
- The cutting of highly sensitive genital tissue, especially the clitoris, excessive scar formation (keloid) and pain can adversely affect sexual sensitivity and pleasure.<sup>8</sup> The negative impact of the procedure on a girl's psychological and psychosexual development can last well into womanhood. Anxiety, depression and fear of sexual intercourse have been observed. Unprotected nerve endings may lead to severe pain and tenderness over the scar tissue, leading to pain during intercourse (dyspareunia), even if the vaginal opening is sufficient to allow penetration: in other words, these complications can also occur in FGM types I and II. Attempts at penetration through the narrowed vaginal opening may cause laceration and haematoma, requiring medical intervention.

## Dangers of medicalization

The practice is increasingly performed by health providers in clinical and other health care settings. This medicalization gives the erroneous impression that FGM is beneficial to the health of women and girls. But FGM – wherever it takes place, and whether it is performed by traditional or medical providers – is **harmful and has no benefits whatsoever**. It is against the code of medical practice and medicalizing the procedure does not reduce or address the harmful effects and complications resulting from the practice. The World Health Organization, together with seven other United Nations agencies and six professional organizations, issued a global strategy in 2010 to stop health care providers from performing FGM.<sup>9</sup>

IPPF endorses the joint statement by the World Health Organization and other United Nations agencies on the elimination of the harmful practice of FGM and the UN Resolution on intensifying efforts to eliminate FGM.<sup>10, 11</sup>

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## The key role of Member Associations

Member Associations have a pivotal role to play in the elimination of FGM at community and national levels. This practice has deep cultural roots; this means that sustained action is essential to achieve a permanent impact, as behaviour change is a complex process. Member Associations should gather all possible information on the prevalence, dynamics and characteristics of FGM in their own countries. In the context of their social and cultural background, they should then review their current awareness-raising activities, familiarize themselves with the available resources and like-minded stakeholders to advocate against FGM, and develop strategies to eliminate the practice through services and advocacy.

### SERVICES

Here are the key elements for services that Member Associations can focus on to contribute to the elimination of female genital mutilation:

- Member Associations have a key role to play in counteracting the trend towards the medicalization of FGM. Standards for ethical and medical practice for health professionals should include prohibiting an individual from practising female genital mutilation. Implementing this standard is mandatory within all Member Associations to ensure that FGM is not carried out in any Member Association clinic or environment, by any staff or provider. Member Associations should work with national professional organizations to raise awareness of the need to reduce the incidence of FGM.
- Member Associations should be trained to provide empathetic counselling about, and care for, the physical and psychological complications of FGM in countries where it is practised. Women who have been subjected to FGM and are suffering from chronic complications may require specialist counselling and/or surgical treatment. Women and girls who have undergone the procedure must not be stigmatized or discriminated against, but must receive care and support. An appropriate referral system should be in place if comprehensive care is not possible at the service delivery point. Procedures requested after childbirth that are associated with FGM, such as reinfibulation (reinstatement of the mutilation), must be refused and strongly condemned. Likewise, women and girls who have not undergone the practice should not be subject to social sanctions

or stigmatization for deciding not to support FGM.

- Member Associations should ensure that all women, including those who have undergone FGM, have access to comprehensive sexual and reproductive health services, including testing for reproductive tract infections and sexually transmitted infections, contraception and sexuality education.
- Member Associations should provide information to all clients seeking care at the service delivery point about the serious risks during childbirth for women who have undergone female genital mutilation. Pregnant women who have undergone FGM should be advised to deliver in a clinical setting, where possible, so that complications can be managed properly.
- Member Associations should identify psychosexual complications so that appropriate counselling and support can be provided. Young women and their partners may require premarital counselling to address the psychosexual complications commonly associated with FGM.
- Member Associations should provide counselling for the woman and, with her informed consent, health professionals with the appropriate training should, whenever possible, try to repair the abnormal anatomical condition caused by FGM. If available, appropriate referrals should be made for defibulation services.
- Member Associations should integrate FGM within services for sexual and gender-based violence in those contexts where it is practised.
- Member Associations should report all FGM-related sexual and reproductive health service provision via IPPF's global service statistics and to their national authorities where the law requires such reporting. Data relating to the prevalence of FGM and the health consequences reported by those affected should be collected routinely from clinical service records; this information can be utilized as an advocacy tool to support policy and behaviour change.

### ADVOCACY

Here are the key elements for advocacy that Member Associations can focus on to contribute to the elimination of female genital mutilation:

- Member Associations should use 'Sexual Rights: An IPPF Declaration' and 'IPPF Charter on Sexual

and Reproductive Rights' as advocacy tools to lobby for changes in legislation that will protect the human rights of women and girls, and eliminate all harmful and/or discriminatory practices.<sup>12, 13</sup> Member Associations should use UN reporting mechanisms – including the Universal Periodic Review mechanism of the Human Rights Council, the Committee on the Elimination of Discrimination against Women as well as shadow reports – to hold their governments accountable for developing legislation to prohibit FGM and holding their governments to account for implementing these laws.<sup>14</sup>

- Member Associations should advocate for creating and/or enforcing legislation that criminalizes the practice of FGM; for increased awareness among service providers, parents and women themselves in order to develop and enhance understanding of the human rights and health consequences related to FGM; for provision of medical and psychosocial support to those already affected; and for referrals for recourse to justice.
- Member Associations should build on the global call to action for the elimination of FGM, through coherent collaboration with governments, civil society, religious groups, and women's and young people's organizations.
- Member Associations should adopt an evidence-based advocacy strategy. The current evidence base shows that the elimination of FGM requires a multi-pronged approach; this should be based on best practices from areas where a decline has been identified and as showcased in UNICEF's 2013 report.<sup>15-19</sup>
- Member Associations should devise and implement strategic activities at all levels – from the local community level to the regional level. Member Associations should collaborate with governmental and other non-governmental organizations working on the issue, such as professional medical associations and parliamentarians, to achieve optimum contributions towards the elimination of the practice through advocacy, information, education and research.
- Member Associations should be aware of the importance of engaging and partnering with religious and secular community leaders in order to secure a supportive environment for change in the community. These leaders can generate social support for change by providing strong arguments against the practice.
- Member Associations working in countries where FGM is practised within immigrant communities should mobilize these communities, and engage them meaningfully in the process of behaviour change by sharing accurate information and education about FGM.
- Member Associations should conduct research into trends relating to the medicalization of FGM, and be actively involved in advocacy campaigns to eliminate the practice within health settings.
- Member Associations should encourage women and girls to participate in discussions about FGM issues, and include female health workers and women representatives from local communities, including grandmothers (who are key decision makers and sometimes cutters). Member Associations should encourage alternative initiation rituals that preserve positive social norms.
- Member Associations should engage with men and boys as they are key players in eliminating the practice. This form of social dialogue provides opportunities to educate the whole community about women's human rights, the effects of FGM on women's bodily integrity and relationships, and the role of FGM legislation.
- Member Associations, where appropriate, should initiate broader programmes aimed at improving the reproductive health of women to include discussion of female genital mutilation and actions to stop the practice. Service providers should use every opportunity to counsel women and their partners, and parents of young children, about the harmful effects of perpetuating the practice, without stigmatizing women who have already undergone mutilation.

UN reporting mechanisms should be used to hold governments accountable for developing legislation to prohibit female genital mutilation, and hold governments accountable for implementing such laws.

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## WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.



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